



CHILDREN'S REHABILITATION CENTRE – ALGOMA

PANDEMIC RESPONSE PLAN

**Prepared by the
Joint Health & Safety Committee**

Approved by the Board of Directors

On January 27, 2009

CHILDREN'S REHABILITATION CENTRE – ALGOMA PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

BACKGROUND

Outbreaks of influenza have been with us always. Three pandemics have occurred in the past century alone – the Spanish influenza pandemic of 1918 which resulted in 20 million deaths worldwide, and the less ferocious Asian and Hong Kong influenza pandemics of 1957 and 1968 respectively.

All experts agree that we are long overdue for another pandemic, which they assure us will occur, although the timing and pattern of such is unpredictable at present. When a pandemic does occur, estimates suggest up to 8 million people in Ontario will be infected, with up to 4 million becoming clinically ill as a result. The impact of a pandemic on the work environment would be enormous, with absenteeism 35% or higher, due to fear, and the effects of the virus on individuals and families.

Generally, pandemic influenzas spread in two or more waves in the same year or in successive influenza seasons (from October to April). The length of each wave is approximately 8 weeks, with the first in the current context likely being the most severe due to unavailability of a vaccine, and limited availability of anti-virals.

The federal, provincial and regional governments have developed a contingency plan that defines the role and scope of these various levels of government in a pandemic influenza response. As a community-based healthcare provider, CRCA has developed its planned response which will be shared with all stakeholders, including our funders Ministry of Children and Youth Services (MCYS), Algoma District Social Services Administration Board (ADSSAB), and District of Sault Ste. Marie Social Services Administration Board (DSSAB).

Phases of Pandemic

The World Health Organization (WHO) has identified phases of an influenza pandemic (*see [Appendix A](#) attached*). In an effort to guide contingency planning and to define areas of responsibility, all levels of government have adapted these phases into 3 segments, preparedness, response and recovery. By utilizing the same response structure for developing CRCA's Pandemic Influenza Response Plan, there will be consistency in reference to phases and communication that will be forthcoming from Health Canada, The Ministry of Health and Long-Term Care for Ontario, and regional governments and public health authorities.

Key Assumptions

- All indications are that, in the event of pandemic, Toronto and surrounding vicinity could be on the leading edge of infection in North America/Canada.
- Ontario will have a maximum lead time of 3 months (and possibly much less), between the declaration of a pandemic by WHO (World Health Organization) and its spread throughout the province.
- At the time of the pandemic, actions and directions of local health authorities (Ministry of Health and Long-Term Care, Public Health) will guide the implementation of this plan.

CHILDREN'S REHABILITATION CENTRE – ALGOMA PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

- A vaccine will not be available for at least 3 – 4 months (and possibly 6 – 9 months) after the virus has been identified, and therefore is unlikely to be in place during the first wave of pandemic.
- At outset of pandemic, anti-virals will be in short supply and/or resistance to the effects of anti-virals is likely to develop.
- The province, following recommendations set by the federal government, will set priorities as to who will receive limited supplies of both anti-viral drugs and the vaccine.
- As CRCA does not provide essential services, the organization will move quickly to cease operations in the event of pandemic in its catchment area and/or environs (Sault Ste. Marie and District of Algoma).
- The intention of the organization during the pandemic period will be to continue full compensation to staff who are unable to attend the workplace due to illness and/or closure of its facilities with the exception of Preschool supply staff who are on call. These staff will be issued Records of Employment in order to apply for Employment Insurance. Continued payment of staff in this regard is dependent upon continued flow and receipt of funding from the Ministry of Children & Youth Services, DSSAB and ADSSAB.

PANDEMIC RESPONSE TEAM

CRCA's Management Team and Health & Safety Committee will serve as the organization's Pandemic Response Team, with the Chair of JHSC acting as co-coordinator of the team and its pandemic influenza response plan, as listed below:

Chair of JHSC (Pandemic Response Team Coordinator)
Executive Director
Clinical Manager
Preschool Manager
Health & Safety Committee Members

Team members are equipped to maintain communication with one another at all times as required, and have agreed to retain a hard copy of the plan and related documentation with them at all times, to ease access, communication and decision making when/as needed. The Pandemic Influenza response plan will be reviewed and updated accordingly by the Coordinator and with input/support from Response Team on a quarterly basis.

One copy of the response plan and related documentation is also held at each CRCA district site (Wawa, Elliot Lake).

Accountabilities During Pandemic

All determinations as to what level of operations will be maintained and/or when closure will be affected during pandemic is that of the Executive Director in deliberation with Algoma Public Health, Chief Medical Officer. In the event of the Executive Director's absence and/or unavailability during this period, the designated Manager on JHSC will serve as the designate for all such deliberations.

All persons accountable during all phases of preparation and implementation of CRCA's Pandemic Influenza Response Plan will keep the Pandemic Response Coordinator (Coordinator) apprised as to the status of their accountabilities, so ensuring ongoing

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

communication and coordination/implementation of the plan in all its facets during each critical period. In the event of the absence of the Pandemic Response Coordinator, the Executive Director will designate another in her place.

Replacement Response Team Members During Pandemic

In the event that a member of the Response Team is unavailable and/or incapacitated during the pandemic period, the following alternate will function in her stead:

Acting For

Executive Director
Clinical Manager
Preschool Manager
PRT Coordinator

Alternate

Designated Manager JHSC
Preschool Manager
Business Manager
As designated by Executive Director

(With support from Joint Health & Safety Committee).

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

RESPONSE PLAN

WHO Phases 1 through 3

Pandemic Influenza Response Plan (PIRP)

Phase 1 – No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If so, risk of human infection or diseases is considered low (*inter-pandemic period*).

Phase 2 – No new influenza virus subtypes detected in humans. However, circulating animal influenza virus subtype poses substantial risk of human disease (*inter-pandemic period*).

Phase 3 – Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact (*pandemic alert period*) – *current status in certain parts of the world, excluding North America*.

Preparedness

Preparedness

Develop Pandemic Influenza Response Plan (PIRP), to include the following;

- communication plan for staff and all requisite supporting documentation for inclusion in PIRP
- business continuity plan, essential functions during pandemic period (e.g. remuneration, facilities, security)
- interim health surveillance/screening plans for clients/staff/visitors as required (for possible implementation in Phase 4)

Develop and implement plan for regular reminders to staff/client regarding infection control practices and procedures. (Weekly Update, Staff meetings, posters)

Identify and provide staff with information on pandemic and pandemic preparedness (at work, in community, at home)

Establish emergency fan-out list procedure; maintain updated (quarterly) for inclusion in PIRP (with Managers)

Identify admin/support staff at each site to be trained in screening protocol to be implemented as required if pandemic advances

Brief staff on PIRP

- General Staff Meeting(s)
- Updates/Information as Required on NEWS
- Website

Provide information on PIRP to clients/families (as appropriate)

- Posting on CRCA website
- Newsletter

Brief Broader Community on PIRP

Accountability

Executive Director, JHSC

Business Manager

Algoma Public Health
Preschool Manager
Clinical Manager
JHSC

JHSC

JHSC

Executive Director

JHSC
Executive Director

Office Assistant
Executive Director
Executive Director

**CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)**

- Partner/Community Agencies (AFS, ICDP, SPAN, Algoma Public Health, SAH, Schools, School Boards, Daycares)
- Funders (MCYS, DSSAB, ADSSAB)
- Government (City)

Stockpile 4 month supply of infection control supplies (non-latex Gloves-1 case, sanitizer-1 pkg., disinfectant spray, Javex Ultra Wipes-1 case, N5 masks-fit tested) for use during pandemic JHSC
(w/Housekeeping)

Ongoing monitoring of the threat of pandemic, with regular updates to the staff. JHSC

WHO Phase 4:

Phase 4 – Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

If pandemic reaches Phase 4 at the local level (i.e. Northern Ontario & Upper Peninsula) the organization would consider graduated or full closure, in consultation with Ministry of Children & Youth Services, and in accordance with MOH-LTC and local health authority guidelines.

If operations continue during this phase, the response is identified below.

Response

<u>Response</u>	<u>Accountability</u>
All members of the Pandemic Response Team remain on site at their respective locations during this phase of pandemic response	JHSC
Screening process mobilized at point of entry to all sites	
<ul style="list-style-type: none"> • site personnel trained in monitoring procedures (based on guidelines from public health) • requisite documentation prepared and distributed to all sites • monitoring stations established (checklist is signed, hand sanitizer available) 	Reception Staff, Preschool Manager JHSC JHSC
Communication of the above to staff (voice mail, NEWS)	Designated JHSC Manager
Communication of the above to clients (telephone system, website) (pg 26)	Office Assistant
Protocol to limit face-to-face contact implemented	
<ul style="list-style-type: none"> • Staff assigned to work from home where possible • Staff providing service off-site refrain from coming in-centre • Close all computer labs (Prevoc, Writing Aids Rooms) • Discontinue use of kitchens (to limit cross contamination) based on the input/guidelines of provincial and local 	Managers Managers Managers Preschool Manager

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

health authorities (Algoma Public Health)	
• No meetings held or attended (unless essential)	All
• No Travel – (eg PD, meetings, conferences)	Managers
• Cancel all District travel	Managers
• Those remaining on site use telephone, email to communicate with one another wherever/whenever possible	All
• Availability/use of disinfectant spray for desks, telephones by on-site staff	Stockpiled Housekeeping
Communication of the above to staff (voice mail, email, NEWS)	Designated Manager JHSC
Communication of the above to clients (telephone system, website)	Office Assistant
Continued staff education re: containment of spread of infectious diseases (e.g. Weekly Update, hand-outs, bulletin boards, voice mail, website)	JHSC
Communication of current status at CRCA	
• to government/funders	Executive Director
• to partners/community agencies	Executive Director
• to Medical Officer of Health/Public Health	Executive Director
• to suppliers/contractors as appropriate (pg 21)	The Chair, JHSC
• to staff/clients via phone message	Admin. Assistant
Ongoing monitoring of influenza pandemic status (News, websites)	JHSC & Management

Recovery

If pandemic does not progress beyond this stage, CRCA will revert to normal operations either in a phased approach or entirely, based on the input/guidelines of provincial and local health authorities (Algoma Public Health). It is likely, however, that if pandemic reaches Phase 4 locally, the move to Phases 5 and 6 will be both rapid and inexorable.

WHO Phases 5 and 6:

Phase 5 – Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk) (*pandemic alert period*)

Phase 6 – Pandemic -increased and sustained transmission in general population (*pandemic period*)

If pandemic reaches Phase 5 and 6 at the local level (i.e. District of Algoma) the organization would implement full closure, conferring with the Ministry of Children & Youth Services, and congruent with MOH-LTC and local health authority guidelines.

During these phases, the response is identified below:

All members of the Pandemic Response Team are redeployed off site, but remain in regular contact through email and/or land line telephone. All other aspects of the plan, accountabilities and reporting protocols remain in place. In addition, each member of the team has identified a

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

designate to fulfill their Pandemic Response Team accountabilities in the event of their incapacity.

Communication of closure and methodologies for ongoing contact for staff and clients	Executive Director
<ul style="list-style-type: none"> • telephone announcements (staff, clients) • NEWS postings (staff) • Web site (clients) 	Office Assistant
Implement business continuity processes	Business Manager
<ul style="list-style-type: none"> • payroll, finance • phone (update message) • facilities • stop mail 	
Implement IT continuity strategy	AFS IT support
<ul style="list-style-type: none"> • connectivity • systems maintenance 	
Implement 48-hour walk-through of owned site	Business Manager
Communication of current status at CRCA	
<ul style="list-style-type: none"> • to government/funders • to partners/community agencies • to Medical Officer of Health/Public Health • to suppliers/contractors as appropriate 	Executive Director Executive Director Executive Director Executive Director
Ongoing monitoring of influenza pandemic status	PRT (Pandemic Response Team)
Establish return to work protocol and procedures (when appropriate)	Executive Director

Recovery

Recovery from these phases 5 and 6 would occur in congruence with the recommendations of provincial and local health authorities (Algoma Public Health). However, in the event of a full pandemic, it is likely that the organization would remain closed for at least one full cycle. It would then likely revert to normal operations through a staged approach, with screening and related protocols implemented as identified in Phase 4 above for the interim period (of up to 12 months). With an “all clear” from public health, pre-pandemic operating conditions would prevail. Management and Administration staff would be back to work first.

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

Appendix A

PHASES	PUBLIC HEALTH GOALS	
<u>Inter-pandemic period</u>		
<p>Phase 1: No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If so, risk of human infection or diseases is considered low.</p> <p>Phase 2: No new influenza virus subtypes detected in humans. However, circulating animal influenza virus subtype poses substantial risk of human disease.</p>	<p>Strengthen influenza pandemic preparedness</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>	PREVENTION
<u>Pandemic Alert period</u>		
*Current Status		
<p>Phase 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p> <p>Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>Early detection, notification and response to additional cases.</p> <p>Contain the new virus or delay spread to gain time to implement preparedness measures.</p> <p>Maximize efforts to contain or delay spread, to gain time to implement pandemic response measures.</p>	PREPARATION
<u>Pandemic period</u>		
<p>Phase 6: Pandemic - increased and sustained transmission in general population.</p> <p>Activities in each Phase</p> <p>(1) planning and coordination</p> <p>(2) situation monitoring and assessment</p> <p>(3) prevention and containment</p> <p>(4) health system response</p> <p>(5) communications</p>	<p>Minimize the impact of the pandemic</p>	RESPONSE

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

COMMUNICATION PLAN – PART 1

STAGE 1 (WHO PHASES 3 – 5)

PANDEMIC ALERT PERIOD NO LOCALIZED HUMAN TO HUMAN SPREAD

STAFF MANAGERS BOARD	CLIENT/FAMILIES	SCHOOLS SCHOOL BOARDS DAYCARES	ICDP SPAN	REFERRAL AGENCIES	FUNDERS	SUPPLIERS	CONTRACTS	GENERAL PUBLIC	VOLUNTEERS & STUDENTS
Information on CRCA's Emergency Plan General information. What it is, how it is spread, safety precautions, personal planning, etc. New Policies that will apply and when. (As available)	Key elements of CRCA's plan. What services will be provided, how and when How to access information	Key elements of CRCA's plan. What services will be provided, how and when How to access information	Provide information as required regarding our emergency planning	Key elements of CRCA's plan. What services will be provided, how and when How to access information	Provide copy of CRCA's plan.	Key elements of CRCA's plan. What services will be provided, how and when. How to access information	Key elements of CRCA's plan. What services will be provided, how and when. How to access information	May become necessary to notify we have a plan and direct them to website to get information	Information on CRCA's Emergency Plan General information. What it is, how it is spread, safety precautions, personal planning, etc.
METHOD General Staff Meeting Dept Meetings News Voice Mail	METHOD Web Site Newsletter Posting information in Reception Staff providing info	METHOD Managers provide info to key contacts at Board and Daycares Direct to Website	METHOD Manager provide information to key contacts	METHOD Create contact list and mail out information Direct to Website	METHOD ED/Coord. provide a copy of plan to Ministry and other funders	METHOD Create contact list and mail out information Direct to Website	METHOD Create contact list and mail out information Direct to Website	METHOD Information on Website May consider notices in Media when and if deemed appropriate	METHOD Supervising staff to notify volunteers/students of Plan and direct them to Website

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

STAGE 2 (WHO PHASE 6)

PANDEMIC - SUSTAINED AND INCREASING TRANSMISSION IN THE GENERAL POPULATION

STAFF MANAGERS BOARD	CLIENT/FAMILIES	SCHOOLS SCHOOL BDS. DAYCARES	REFERRAL AGENCIES	FUNDERS	SUPPLIERS	CONTRACTS	GENERAL PUBLIC	VOLUNTEERS & STUDENTS
Notify that the plan is activated Daily or weekly updates via voice mail and e-mail to staff to keep them informed of situation and plans.	Notify we are closing Update website with more specific information on plans and services available	Notify we are closing Direct to website for information	Notify we are closing Direct to website for information	Notify we are activating our plan	Notify we are activating our plan	Notify we are activating our plan	Notify we are closing or reducing services	Notify we are closing or reducing services
METHOD Fanout list E-mail Voice Mail Website	METHOD Staff contact clients to cancel their own appointments if possible. Told to check website for updates Update message on main phone line & NEWS.	METHOD Admins Staff contacts School Boards, Daycares if possible. website NEWS.	METHOD Contact directly by phone, e-mail, or fax.	METHOD Maintain direct contact with key individuals	METHOD Phone, fax or e-mail regular suppliers	METHOD Phone, fax or e-mail regular suppliers	METHOD Media – local papers, radio	METHOD Supervising staff to notify volunteers/students of Plan and direct them to Website

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

STAGE 3

NO NEW INFLUENZA SUBTYPES DETECTED IN HUMANS

STAFF MANAGERS BOARD	CLIENT/FAMILIES	SCHOOLS SCHOOL BDS DAYCARES	REFERRAL AGENCIES	FUNDERS	SUPPLIERS	CONTRACTS	GENERAL PUBLIC	VOLUNTEERS & STUDENTS
Contact staff to return to work Continue to provide reminders of good infection control	Notify that the centre is open.	Notify we are open and when staff will be returning	Notify we are open	Notify we are open	Notify we are open	Notify we are open	Notify we are open	Notify we are open
METHOD Website News – Voice email, Phone	METHOD Website Media Mail Direct contact	METHOD Contact directly	METHOD Website Contact directly	METHOD Notify directly by phone and e-mail	METHOD Website Contact – phone, e-mail etc.	METHOD Website Contact – phone, e-mail etc.	METHOD Website Media	METHOD Website Contact – phone, e-mail etc.
Executive Director, Managers	Executive Director Front line staff	Administrative Staff	Administration Staff	Executive Director	Business Manager	Appropriate Manager	Executive Director	Supervising Staff

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

COMMUNICATION PLAN – PART 2

STAGE 1 (WHO PHASES 3 – 5)

PANDEMIC ALERT PERIOD NO LOCALIZED HUMAN TO HUMAN SPREAD

Internal communication

- General awareness – regular information for staff
- Communicate the plan (how and when decisions will be made, how staff will be notified of decisions – make staff aware of communication channels)
- Regular reminders on infection control procedures
- Plan should identify who will be responsible for communication with the media when/if pandemic is declared

External communication

- Pandemic plan – Post on website, provide copies to stakeholders such as AFS (for intake), ICDP, School Boards, Ministry etc.
- Establish communication links to other agencies/hospitals etc. Identify a contact person and/or number
- Inform clients/families how they will be able to access information

STAGE 2 (WHO PHASE 6)

PANDEMIC - SUSTAINED AND INCREASING TRANSMISSION IN THE GENERAL POPULATION

- Notify internal and external stakeholders that the Pandemic plan is activated.
- Establish method of regular updates with staff (voice mail, e-mail, and website).
- Establish method of regular updates for families and external stakeholders (website, phone message).

STAGE 3

NO NEW INFLUENZA SUBTYPES DETECTED IN HUMANS

- Notification to staff to report to work
- Notification to families that centre is open and the process to book appointments
- Recognition of any special contributions by staff
- Evaluation of the process – successes, challenges, lessons learned etc. Invite feedback from all stakeholders

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

PANDEMIC COMMUNICATION PLAN (continued)

AUDIENCE

- Management
- Board of Directors
- Staff
- Clients/Families
- Volunteers and Students
- Ministry
- ICDP, AFS, SAH, other CTC's
- Schools /School Boards, Daycares
- Contracts
- Suppliers
- Referring physicians and agencies
- General Public

WHY DO WE NEED TO COMMUNICATE WITH EACH GROUP?

We need to share information and support one another. When people are informed, they are less likely to panic. We need to make people aware of our operating status.

WHAT IS THE MESSAGE(S) WE WANT TO COMMUNICATE

- That CRCA has a pandemic preparedness plan
- The plan itself or key elements of the plan to specific target audiences
- What services are available and how service will be accessed
- General pandemic information for staff and families (precautions, preparedness etc.)
- May need to communicate with specific clients or specific groups of clients.

METHODS OF COMMUNICATION

How do we best reach each group?

- Staff meetings (General & Department)
- Community Forums (Families - prior to outbreak in region, Family Advisory Committee, Youth Advisory Committee)
- Voice Mail (staff)
- E-mail (staff, Family Advisory Committee)
- Posters/Brochures, Flyers
- Web-site (a place to go for corporate messages and links to other sites e.g. WHO)
- Health Canada, etc. (link to their website)
- Media (Radio/TV)

WHEN DO WE NEED TO COMMUNICATE WITH EACH GROUP

- Need to define what we communicate to each group at each phase.
- Communication Plan is a living document that is reviewed and updated regularly.

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

PAYROLL PROCESSING AND PAYMENT TO STAFF

In the event of closure of the Centre, all staff will take the login information for EZLabor. Finance and Human Resources staff will take with them a list of all staff and a copy of the last payroll register as well as contact information:

CHILDREN'S REHABILITATION CENTRE – ALGOMA
PANDEMIC INFLUENZA RESPONSE PLAN (PIRP)

CRCA STAFF RESOURCES

Pandemic Plan Link on CRCA website

World Health Organization website – www.who.int/csr/disease/avian_influenza/en/

Govt. of Canada, Pandemic Website – www.influenza.gc.ca/index_e.html

Govt. of U.S.A., Pandemic Website – www.pandemicflu.gov/

Algoma Public Health website – www.algomapublichealth.com

Pandemic Influenza

Symptoms:

Common flu symptoms are fever, headache, tiredness, cough, sore throat, runny or stuffy nose, and body aches. Diarrhea and vomiting also can occur but are more common in children.

Immediate Action/Treatment:

- Avoid close contact with people who are sick.
- Stay home from work or school if you have a fever.
- Cover your nose and mouth with a tissue when you cough or sneeze (throw the tissue away after use).
- Wash your hands often with soap and water, especially after you cough or sneeze.
- Seek medical care early.
- Antiviral drugs are available for people with high risk of complications.